

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000001		2 PAGE # 1 of 85	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR FIRST MI Ms. Melinda <hr/> NICKNAME LAST SUFFIX Mindy Montford		OFFICE USE ONLY <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 301839 Austin, TX 78703			
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Ms. MariBen <hr/> NICKNAME LAST SUFFIX Ramsey			
6 CAMPAIGN TREASURER ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1707 Elton Lane Austin, TX 78703			
7 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (512) 472-4483			
8 REPORT TYPE		<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final report (Attach C/OH - FR)</div> </div>			
9 PERIOD COVERED		Month Day Year THROUGH Month Day Year 01/25/2008 02/23/2008			
10 ELECTION		<div style="display: flex;"> <div style="flex: 1;"> ELECTION DATE Month Day Year 03/04/2008 </div> <div style="flex: 2;"> ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special </div> </div>			
11 OFFICE		OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) District Attorney	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS		<p>.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..</p> <hr/> Name <hr/> Address/PO Box; Apt. / Suite #; City; State; Zip Code			
<input type="checkbox"/> additional pages					

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Montford, Melinda (Ms.)

15 ACCOUNT # (Ethics Commission filers)
00000001

**16 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ **GENERAL**

COMMITTEE ADDRESS

☐ **SPECIFIC**

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

**17 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 925.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 239,674.70

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 478.74

4. TOTAL POLITICAL EXPENDITURES

\$ 207,862.59

**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

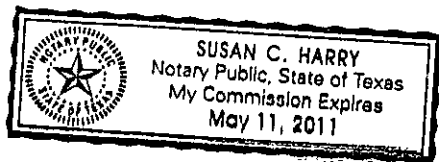
\$ 20,076.69

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Melinda Montford

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Melinda Montford, this the 25th day of February, 20 08, to certify which, witness my hand and seal of office.

Susan C. Harry

Signature of officer administering oath

Susan C. Harry

Print name of officer administering oath

Notary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/52 Report: 3/85

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date 02/13/2008
5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Adams, Phil

7 Amount of contribution (\$) \$1,000.00
8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
3000 Briarcrest Dr
Suite 508
Bryan, TX 77896

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Insurance

10 Employer (See Instructions)
Phil Adams Co

Date 02/12/2008
Full name of contributor ☐ out-of-state PAC (ID# _____)
Adkins, Thomas

Amount of contribution (\$) \$100.00
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
6624 Dogwood Creek Dr
Austin, TX 78983

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 02/05/2008
Full name of contributor ☐ out-of-state PAC (ID# _____)
Agarwal, Ayn

Amount of contribution (\$) \$100.00
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
4307 Michaels Cove
Austin, TX 78767

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 02/05/2008
Full name of contributor ☐ out-of-state PAC (ID# _____)
Agosto, Loretta

Amount of contribution (\$) \$1,000.00
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
410 Balfour Dr
Windcrest, TX 78918

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Marketing

Employer (See Instructions)
Aureus Partners, Inc

Date 02/16/2008
Full name of contributor ☐ out-of-state PAC (ID# _____)
Alexander, Wayne

Amount of contribution (\$) \$250.00
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
2 Lost Timbers
San Antonio, TX 79001

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/52 Report: 4/85

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date 02/01/2008
5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Amato, Charles

7 Amount of contribution (\$) \$500.00
8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
9311 San Pedro Ave
Suite 600
San Antonio, TX 78790

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Chairman

10 Employer (See Instructions)
Southwest Business Corp.

Date 01/25/2008
Full name of contributor ☐ out-of-state PAC (ID# _____)
Anders, Larry

Amount of contribution (\$) \$1,500.00
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
14785 Preston Road
Suite 1000
Dallas, TX 78911

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Insurance

Employer (See Instructions)
Summit Alliance Companies

Date 02/12/2008
Full name of contributor ☐ out-of-state PAC (ID# _____)
Anderson, Jan

Amount of contribution (\$) \$247.60
In-kind contribution description (if applicable)
event expenses

Contributor address; City; State; Zip Code
3808 Hidden Hollow
Austin, TX 78868

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 02/01/2008
Full name of contributor ☐ out-of-state PAC (ID# _____)
Arenson, Edwin

Amount of contribution (\$) \$100.00
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
PO Box 5996
Austin, TX 78822

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 02/04/2008
Full name of contributor ☐ out-of-state PAC (ID# _____)
Arriola, Richard

Amount of contribution (\$) \$100.00
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
PO Box 152588
Austin, TX 78952

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/52 Report: 5/85

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date
01/31/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Barnard, Amy

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)

\$250.00

6 Contributor address; City; State; Zip Code
1611 Mohle
Austin, TX 78761

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
01/25/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Barth, Todd

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$1,000.00

Contributor address; City; State; Zip Code
PO Box 56048
Houston, TX 78993

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
President

Employer (See Instructions)
Bowers Properties

Date
02/21/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Bartholomew, Steve

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$1,000.00

Contributor address; City; State; Zip Code
3815 S. Capital of Texas Hwy. #100
Austin, TX 78975

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Co-Founder

Employer (See Instructions)
Mainstreet Homes

Date
01/29/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Bearse, Jene

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$150.00

Contributor address; City; State; Zip Code
3104 Flinders Reef Lane
Austin, TX 78876

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/08/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Beatty Bangle Strama, PC

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$500.00

Contributor address; City; State; Zip Code
400 W 15th St
Suite 1450
Austin, TX 79009

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 4/52 Report: 6/85

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

02/15/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Beldon, Michael6 Contributor address; City; State; Zip Code
PO Box 13380
San Antonio, TX 789247 Amount of
contribution (\$)

\$500.00

8 In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐9 Principal occupation / Job title (See Instructions)
Roofing Contractor10 Employer (See Instructions)
Beldon Roofing Co

Date

01/28/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Benavides, GilbertoContributor address; City; State; Zip Code
9525 Capital of Tx Hwy
Unit 232
Austin, TX 78842Amount of
contribution (\$)

\$2,000.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
attorneyEmployer (See Instructions)
Feazell Rosenthal & Watson

Date

02/19/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Blake, AlanContributor address; City; State; Zip Code
9417 Great Hills Trail
APT 2058
Austin, TX 78759Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/25/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Blalack, JoeContributor address; City; State; Zip Code
8243 Magnolia Glen Dr
Humble, TX 78884Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/05/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
BMcPACContributor address; City; State; Zip Code
111 Congress Ave
Suite 1400
Austin, TX 79010Amount of
contribution (\$)

\$1,500.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/52 Report: 7/85	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/11/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Branson, Frank 6 Contributor address; City; State; Zip Code 4514 Cole Ave Suite 1800 Dallas, TX 78826	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) The Law Offices of Frank L. Branson, P.C.	
Date 02/05/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brazzil, Nancy Contributor address; City; State; Zip Code 2802 B Windsor Road Austin, TX 78933	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/28/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Briscoe, Dolph Contributor address; City; State; Zip Code Box 389 Uvalde, TX 78810	Amount of contribution (\$) \$25,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self Employed	
Date 02/06/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Briscoe, Dolph Contributor address; City; State; Zip Code Box 389 Uvalde, TX 78812	Amount of contribution (\$) \$25,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self Employed	
Date 02/11/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Briscoe, Dolph Contributor address; City; State; Zip Code Box 389 Uvalde, TX 78811	Amount of contribution (\$) \$25,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self Employed	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 6/52 Report: 8/85

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date

02/07/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Bristol, George6 Contributor address; City; State; Zip Code
8812 Mesa Dr
Austin, TX 788387 Amount of
contribution (\$)

\$500.00

8 In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐9 Principal occupation / Job title (See Instructions)
Conservationist10 Employer (See Instructions)
Texas Coalition for Conservation

Date

02/07/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Brown, J.E. & JillContributor address; City; State; Zip Code
1005 Congress Ave., Ste. 1040
Austin, TX 78879Amount of
contribution (\$)

\$177.17

In-kind contribution
description (if applicable)
event expenses(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/15/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Browning, WilliamContributor address; City; State; Zip Code
1200 Barton Hills
#131
Austin, TX 79003Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
attorneyEmployer (See Instructions)
self

Date

01/28/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Butt, CharlesContributor address; City; State; Zip Code
335 King William
San Antonio, TX 78791Amount of
contribution (\$)

\$2,000.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
CEOEmployer (See Instructions)
HEB

Date

01/29/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Butt, HowardContributor address; City; State; Zip Code
PO Box 301839
San Antonio, TX 78854Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
Vice ChairmanEmployer (See Instructions)
HEB

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/52 Report: 9/85	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/19/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bybee, Nathan 6 Contributor address; City; State; Zip Code 2204 Langford Cove Austin, TX 78935	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/04/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cahoon, Joseph Contributor address; City; State; Zip Code 4615 Fairfax Ave Dallas, TX 78896	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/29/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cain, Randall Contributor address; City; State; Zip Code 245 Luther Dr San Antonio, TX 78949	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Managing Partner		Employer (See Instructions) Ernst & Young	
Date 02/19/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Campion, Ebel Contributor address; City; State; Zip Code 3907-C Belmont Park Dr Austin, TX 78818	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/30/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carr, Cassandra Contributor address; City; State; Zip Code 4400 River Garden Trail Austin, TX 78789	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Senior Advisor		Employer (See Instructions) Public Strategies	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/52 Report: 10/85	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/13/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carter, Thomas 6 Contributor address; City; State; Zip Code 3803 Cima Serna Dr., Ste. 1 Austin, TX 78984	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/06/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carter, Virginia Contributor address; City; State; Zip Code 412 Havenwood North Fort Worth, TX 79000	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/21/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carter, Virginia Contributor address; City; State; Zip Code 412 Havenwood North Fort Worth, TX 79000	Amount of contribution (\$) \$400.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/01/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cedillo, Richard Contributor address; City; State; Zip Code 755 E Mulberry Ave Suite 500 San Antonio, TX 78953	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Davis, Cedillo & Mendoza	
Date 02/12/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chahin, Jaime Contributor address; City; State; Zip Code 10708 Pinehurst Drive Austin, TX 78858	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/52 Report: 11/85	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/29/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cisneros, Henry 6 Contributor address; City; State; Zip Code 454 Soledad St Suite 300 San Antonio, TX 78852	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Civins, Katy Contributor address; City; State; Zip Code 4810 Mantle Dr Austin, TX 78901	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/28/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clark, Edith Contributor address; City; State; Zip Code 49 Long Creek Rd Austin, TX 78819	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/06/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clarke, Thomas Contributor address; City; State; Zip Code 3212 Bay Hill Ln Round Rock, TX 78985	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Verizon		Employer (See Instructions) Government Relations	
Date 02/16/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clingman, Gloria Contributor address; City; State; Zip Code 6 Morning Downs San Antonio, TX 78844	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions) retired	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 10/52 Report: 12/85

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date
02/19/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Collins, Edward

7 Amount of contribution (\$) \$500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
202 Madison
San Antonio, TX 78820

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
self

10 Employer (See Instructions)
musician

Date
01/29/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Committee to Elect Patrick Rose

Amount of contribution (\$) \$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
PO Box 1053
Dripping Springs, TX 79011

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/05/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Connor, Geoffrey

Amount of contribution (\$) \$250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
PO Box 27195
Austin, TX 78837

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/19/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Cunningham, Bill

Amount of contribution (\$) \$427.38

In-kind contribution description (if applicable)
event expenses

Contributor address; City; State; Zip Code
1412 Barton Creek Blvd.
Austin, TX 78772

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/28/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Dean, Brooke

Amount of contribution (\$) \$1,000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
9 Lake Court
Beaufort, SC 28521

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
self

Employer (See Instructions)
psychologist

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 11/52 Report: 13/85

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date

01/28/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Dean, Kirk

6 Contributor address; City; State; Zip Code
8117 Texas Plume Rd
Austin, TX 78907

7 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

02/20/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Dickemper, Robert

Contributor address; City; State; Zip Code
12 Darby Glen
San Antonio, TX 78957

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/19/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Doluisio, James

Contributor address; City; State; Zip Code
1906 Lakeway Blvd
Lakeway, TX 78859

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/08/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Doty, Katherine

Contributor address; City; State; Zip Code
1300 Woodlawn Blvd
APT 208
Austin, TX 78900

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/25/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Douglass, Clifton

Contributor address; City; State; Zip Code
606 Garrahy Rd
San Antonio, TX 78796

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
attorney

Employer (See Instructions)
Linebarger, Goggan, Blair & Sampson

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/52 Report: 14/85	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/30/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dworin, Dan 6 Contributor address; City; State; Zip Code 700 Lavaca Suite 1550 Austin, TX 78799	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Self Employed	
Date 02/22/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dwyer, Kelly Contributor address; City; State; Zip Code 1107 Claire Ave. Austin, TX 78903	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/19/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ellis, Jamie Contributor address; City; State; Zip Code 225 Fifth Ave #11C New York, NY 78867	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/06/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Engeling, Ann Contributor address; City; State; Zip Code 601 Bullian Ln Austin, TX 78763	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/17/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) English, Douglas Contributor address; City; State; Zip Code 3801 N Capital of Tx Hwy E-240-73 Austin, TX 78814	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/52 Report: 15/85	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/29/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Erben, Amy 6 Contributor address; City; State; Zip Code 3310 River Rd Austin, TX 78762	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Erwin, Gay Contributor address; City; State; Zip Code No 3 Jeffrey Cove Austin, TX 78833	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Vice President, Public Affairs		Employer (See Instructions) Strategic Partnerships, Inc.	
Date 02/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Erwin, Gay Contributor address; City; State; Zip Code 3 Jeffrey Cove Austin, TX 78834	Amount of contribution (\$) \$177.17	In-kind contribution description (if applicable) event expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Strategic Partnerships, Inc.		Employer (See Instructions) Vice President / Public Affairs	
Date 01/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Estate of Martha Anna Beasley Contributor address; City; State; Zip Code 302 Country Wood Dr San Antonio, TX 79012	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fainter, Susan & John Contributor address; City; State; Zip Code 1005 Congress Ave., Ste. 600 Austin, TX 78978	Amount of contribution (\$) \$177.17	In-kind contribution description (if applicable) event expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/52 Report: 16/85	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/05/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Feik, John 6 Contributor address; City; State; Zip Code 221 Geneseo Rd San Antonio, TX 78888	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/12/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ferguson, Dennis Contributor address; City; State; Zip Code 5603 Oakwood Cove Unit 222 Austin, TX 78807	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/30/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Finck, HW Contributor address; City; State; Zip Code PO Box 831007 San Antonio, TX 78855	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Finck Cigar Co.	
Date 02/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Floyd, Robert Contributor address; City; State; Zip Code 210 Ashworth Dr. Austin, TX 78958	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Floyd, Sherry & Robert Contributor address; City; State; Zip Code 210 Ashworth Dr. Austin, TX 78973	Amount of contribution (\$) \$177.17	In-kind contribution description (if applicable) event expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/52 Report: 17/85	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/25/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ford, Gerald 6 Contributor address; City; State; Zip Code 200 Crescent Court Suite 1350 Dallas, TX 78841	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Financial Planner		10 Employer (See Instructions) California Federal Bank	
Date 02/14/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Foster, Carol Contributor address; City; State; Zip Code 11723 Elmscourt San Antonio, TX 78785	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) AT&T	
Date 01/29/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Friends for Nelson W Wolff Contributor address; City; State; Zip Code PO Box 690187 San Antonio, TX 79013	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fuchs, Gary Contributor address; City; State; Zip Code 7302 Waterline Rd Austin, TX 78830	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/04/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fulbright & Jaworski, LLP TX Committee Contributor address; City; State; Zip Code 1301 McKinney Suite 5100 Austin, TX 79014	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/52 Report: 18/85	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/20/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fulbright & Jaworski, LLP TX Committee 6 Contributor address; City; State; Zip Code 1301 McKinney Suite 5100 Austin, TX 79014	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/13/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Germer, Stephen Contributor address; City; State; Zip Code 11300 Musket Rim Austin, TX 78974	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gilliland, Lukin Contributor address; City; State; Zip Code 901 NE Loop 410 #909 San Antonio, TX 78919	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Golemon, Kinnan Contributor address; City; State; Zip Code 111 Congress Ave, Ste. 1400 Austin, TX 78906	Amount of contribution (\$) \$177.17	In-kind contribution description (if applicable) event expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Golemon, Kinnan Contributor address; City; State; Zip Code 111 Congress Ave Suite 1400 Austin, TX 78905	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 17/52 Report: 19/85

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

02/18/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Goudge, James

6 Contributor address; City; State; Zip Code
254 Cave Lane
San Antonio, TX 78860

7 Amount of
contribution (\$)

\$250.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

01/30/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Graham, John

Contributor address; City; State; Zip Code
17 Elmcourt Street
San Antonio, TX 78889

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
communications consultant

Employer (See Instructions)
Flashman Hillard

Date

02/16/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Granger, Tom

Contributor address; City; State; Zip Code
2612 Wooldridge Dr.
Austin, TX 78995

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/08/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Grant, Phil

Contributor address; City; State; Zip Code
811 Hank Aaron
Round Rock, TX 78947

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/31/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Grant, US, Jr

Contributor address; City; State; Zip Code
112 Yellowstone Rd
Georgetown, TX 78998

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 18/52 Report: 20/85

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date

02/07/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Graydon, Gayla & Galt

6 Contributor address; City; State; Zip Code
1001 Congress Ave., Ste. 400
Austin, TX 78835

7 Amount of contribution (\$)

\$177.17

8 In-kind contribution description (if applicable)
event expenses
(If travel outside of Texas, complete Schedule T) ☐
9 Principal occupation / Job title (See Instructions)
10 Employer (See Instructions)
Date
Full name of contributor ☐ out-of-state PAC (ID# _____)
Greehey, William

02/20/2008

Contributor address; City; State; Zip Code
PO Box 780489
San Antonio, TX 79004

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T) ☐
Principal occupation / Job title (See Instructions)
Chairman & CEO

Employer (See Instructions)
Valero Energy Corp.

Date
Full name of contributor ☐ out-of-state PAC (ID# _____)
Grigsby Master Partners

02/13/2008

Contributor address; City; State; Zip Code
2520 Tanglewood Trail
Austin, TX 79015

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T) ☐
Principal occupation / Job title (See Instructions)
Employer (See Instructions)
Date
Full name of contributor ☐ out-of-state PAC (ID# _____)
Gutierrez, Roland

02/05/2008

Contributor address; City; State; Zip Code
1426 Napier
San Antonio, TX 78962

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T) ☐
Principal occupation / Job title (See Instructions)
attorney

Employer (See Instructions)
self

Date
Full name of contributor ☐ out-of-state PAC (ID# _____)
Hackney, Clint & Susan

02/07/2008

Contributor address; City; State; Zip Code
PO Box 163164
Austin, TX 78716

Amount of contribution (\$)

\$177.17

In-kind contribution description (if applicable)
event expenses
(If travel outside of Texas, complete Schedule T) ☐
Principal occupation / Job title (See Instructions)
Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 19/52 Report: 21/85

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)
000000014 Date
02/22/2008
5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Hardberger, Phil

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)

\$500.00

6 Contributor address; City; State; Zip Code
319 W. Hollywood Blvd.
San Antonio, TX 78212(If travel outside of Texas, complete Schedule T) ☐9 Principal occupation / Job title (See Instructions)
City of San Antonio10 Employer (See Instructions)
MayorDate
02/05/2008
Full name of contributor ☐ out-of-state PAC (ID# _____)
Hawes, Michael

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$1,000.00

Contributor address; City; State; Zip Code
1905 Split Mountain Dr
Canyon Lake, TX 78925(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
selfEmployer (See Instructions)
auto performanceDate
02/13/2008
Full name of contributor ☐ out-of-state PAC (ID# _____)
Henniger, Thomas

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$250.00

Contributor address; City; State; Zip Code
4009 Avenue A
Austin, TX 78986(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/22/2008
Full name of contributor ☐ out-of-state PAC (ID# _____)
Herndon, Erika

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$200.00

Contributor address; City; State; Zip Code
6502 Lost Cv
Austin, TX 78746(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/19/2008
Full name of contributor ☐ out-of-state PAC (ID# _____)
Hill, Jason

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$150.00

Contributor address; City; State; Zip Code
6306 Hillside Terrace Dr
Austin, TX 78872(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 20/52 Report: 22/85

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date

02/15/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Hobbs, Carey

6 Contributor address; City; State; Zip Code
12 Spanish Oak
Waco, TX 78783

7 Amount of
contribution (\$)

\$150.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

02/01/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hobby, Paul

Contributor address; City; State; Zip Code
2131 San Felipe
Houston, TX 78943

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/25/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hobby, William

Contributor address; City; State; Zip Code
PO Box 326
Houston, TX 79005

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/28/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hollin-Avery, Estela

Contributor address; City; State; Zip Code
15045 S State Hwy 16
Fredericksburg, TX 78824

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Partner

Employer (See Instructions)
Baker Lee & Associates

Date

02/05/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Holt, James

Contributor address; City; State; Zip Code
2207 Townes Ln
Austin, TX 78851

Amount of
contribution (\$)

\$300.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 21/52 Report: 23/85

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date

02/07/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Holt, Peter6 Contributor address; City; State; Zip Code
2191 Little Blanco Rd
Blanco, TX 789447 Amount of
contribution (\$)

\$2,000.00

8 In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐9 Principal occupation / Job title (See Instructions)
Owner10 Employer (See Instructions)
Holt Cat Equipment Co.

Date

02/07/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hooser, GregContributor address; City; State; Zip Code
20164 West Lake Pkwy
Georgetown, TX 78846Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/07/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Howard, Jo AnnContributor address; City; State; Zip Code
1501 Easy Street
Austin, TX 78881Amount of
contribution (\$)

\$177.17

In-kind contribution
description (if applicable)
event expenses(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/05/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hughes, LisaContributor address; City; State; Zip Code
10303 Nolana Cove
Austin, TX 78917Amount of
contribution (\$)

\$150.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/28/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Huston, DeborahContributor address; City; State; Zip Code
4001 Amherst St
Houston, TX 78804Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 22/52 Report: 24/85

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

02/19/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
lkard, Carol

6 Contributor address; City; State; Zip Code
3806 Bailey Ln
APT 2
Austin, TX 78786

7 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jackson, Frank

01/31/2008

Contributor address; City; State; Zip Code
40 North IH 35
TH 8
Austin, TX 78827

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jackson, Missy

02/13/2008

Contributor address; City; State; Zip Code
5804 Lakeview Circle
Austin, TX 78931

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jaffe, Jolie

02/03/2008

Contributor address; City; State; Zip Code
6111 Broadway St
San Antonio, TX 78894

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Partner

Employer (See Instructions)
Central Production

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jaffe, Jordan

02/05/2008

Contributor address; City; State; Zip Code
2101 Lakeshore Drive
Austin, TX 78895

Amount of
contribution (\$)

\$1,785.30

In-kind contribution
description (if applicable)
event expenses

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
President

Employer (See Instructions)
Comtran International

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 23/52 Report: 25/85

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

02/05/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Jaffe, Justin6 Contributor address; City; State; Zip Code
12410 Highway 287 North, Ste. 150
San Antonio, TX 788987 Amount of
contribution (\$)

\$1,785.30

8 In-kind contribution
description (if applicable)
event expenses(If travel outside of Texas, complete Schedule T) ☐9 Principal occupation / Job title (See Instructions)
Vice President10 Employer (See Instructions)
Jet Tran

Date

02/05/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jaffe, Morris D. IIIContributor address; City; State; Zip Code
PO Box 4430
Horseshoe Bay, TX 78932Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
CEOEmployer (See Instructions)
Horseshoe Bay Resort

Date

02/05/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jaffe, NikkiContributor address; City; State; Zip Code
PO Box 4829
Horseshoe Bay, TX 78937Amount of
contribution (\$)

\$1,785.30

In-kind contribution
description (if applicable)
event expenses(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
OwnerEmployer (See Instructions)
Horseshoe Bay Resort

Date

02/05/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jaffe, NikkiContributor address; City; State; Zip Code
PO Box 4829
Horseshoe Bay, TX 78938Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
OwnerEmployer (See Instructions)
Horseshoe Bay Resort

Date

02/05/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jaffe III, DouglasContributor address; City; State; Zip Code
PO Box 776
Horseshoe Bay, TX 78815Amount of
contribution (\$)

\$1,785.30

In-kind contribution
description (if applicable)
event expenses(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
PresidentEmployer (See Instructions)
Horseshoe Bay Resort

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 24/52 Report: 26/85

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

02/05/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

Jaffe Jr., Douglas

6 Contributor address; City; State; Zip Code
12410 Highway 287 North, Ste. 150
San Antonio, TX 78816

7 Amount of contribution (\$)

\$1,785.30

8 In-kind contribution description (if applicable)
event expenses

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
President

10 Employer (See Instructions)
Jet Tran

Date

01/29/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)

Jastrow, KM

Contributor address; City; State; Zip Code
PO Box 40436
Austin, TX 78908

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
CEO

Employer (See Instructions)
Temple Inland

Date

01/25/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)

John Bradley Campaign Fund

Contributor address; City; State; Zip Code
405 S MLK
Box 1
Georgetown, TX 79016

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/12/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)

Johnson, Brenda

Contributor address; City; State; Zip Code
2 Lake Bridge Dr
San Antonio, TX 78776

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/21/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)

Johnson, Connie

Contributor address; City; State; Zip Code
6803 Winterberry
Austin, TX 78750

Amount of contribution (\$)

\$460.00

In-kind contribution description (if applicable)
event expenses

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 25/52 Report: 27/85	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/08/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, Larry 6 Contributor address; City; State; Zip Code 5005 Riverway Suite 500 Houston, TX 78912	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) CEO		10 Employer (See Instructions) Johnson Development	
Date 01/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, Travis Contributor address; City; State; Zip Code 201 E Main Suite 1600 El Paso, TX 78997	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed	
Date 01/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnston, Joe Contributor address; City; State; Zip Code 302 Country Wood Dr San Antonio, TX 78885	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) General Surgical Associates	
Date 01/29/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Harold Contributor address; City; State; Zip Code 308 Vicksburg Ave. Lubbock, TX 78850	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/28/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kahan, James Contributor address; City; State; Zip Code 301 Geneseo Rd San Antonio, TX 78862	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) AT&T	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

 1 PAGE #
Schedule: 26/52 Report: 28/85

2 FILER NAME Montford, Melinda (Ms.)

 3 ACCOUNT # (Ethics Commission filers)
00000001

 4 Date
01/28/2008
5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Kastman, Marjorie Cone

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)

01/28/2008

\$200.00

 6 Contributor address; City; State; Zip Code
P.O. Box 5930
Lubbock, TX 78922
(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

 Date
02/13/2008
Full name of contributor ☐ out-of-state PAC (ID# _____)
Kearns, Dennis

Amount of contribution (\$) | In-kind contribution description (if applicable)

02/13/2008

\$250.00

 Contributor address; City; State; Zip Code
3502 Misty Creek
Austin, TX 78808
(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

 Date
02/14/2008
Full name of contributor ☐ out-of-state PAC (ID# _____)
Keene, Russell

Amount of contribution (\$) | In-kind contribution description (if applicable)

02/14/2008

\$100.00

 Contributor address; City; State; Zip Code
2600 Maria Anna Rd
Austin, TX 78966
(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

 Date
02/22/2008
Full name of contributor ☐ out-of-state PAC (ID# _____)
Kevin Wolff Pct. 3 Campaign Fund

Amount of contribution (\$) | In-kind contribution description (if applicable)

02/22/2008

\$250.00

 Contributor address; City; State; Zip Code
PO Box 460692
San Antonio, TX 78246
(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

 Date
01/28/2008
Full name of contributor ☐ out-of-state PAC (ID# _____)
Key, Terry

Amount of contribution (\$) | In-kind contribution description (if applicable)

01/28/2008

\$200.00

 Contributor address; City; State; Zip Code
9305 Salisbury Ave
Lubbock, TX 78980
(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 27/52 Report: 29/85

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date

02/15/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Kidd, Lee

6 Contributor address; City; State; Zip Code
PO Box 1359
Denver City, TX 78915

7 Amount of
contribution (\$)

\$1,000.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Owner

10 Employer (See Instructions)
Kidd Oil Field Services

Date

01/29/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kiley, Roger

Contributor address; City; State; Zip Code
130 N. Garland
Chicago, IL 78961

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Illinois Attorney General's Office

Date

01/29/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
King, Renda

Contributor address; City; State; Zip Code
10609 Pickfair Drive
Austin, TX 78951

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/13/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
King, William

Contributor address; City; State; Zip Code
5005 Ridge Oak Drive
Austin, TX 79006

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/13/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Knaupe, Gregg

Contributor address; City; State; Zip Code
5204 Magdalena Dr.
Austin, TX 78847

Amount of
contribution (\$)

\$249.80

In-kind contribution
description (if applicable)
event expenses

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1. PAGE #

Schedule: 28/52 Report: 30/85

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)
C0000001

4 Date

02/07/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Knippa, Bradley6 Contributor address; City; State; Zip Code
6104 Gun Bow Court
Austin, TX 787757 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

02/18/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kobelan, D.Contributor address; City; State; Zip Code
2913 Sparkling Lane
Austin, TX 78746Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/19/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kowalski, RosemaryContributor address; City; State; Zip Code
One Towers Park Lane 1512
San Antonio, TX 78964Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
Chairman EmeritusEmployer (See Instructions)
The Rk Group

Date

02/19/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kowalski, RosemaryContributor address; City; State; Zip Code
One Towers Park Lane 1512
San Antonio, TX 78963Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
Chairman EmeritusEmployer (See Instructions)
The Rk Group

Date

02/19/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Krieger, ScotContributor address; City; State; Zip Code
2905 Montebello Ct
Austin, TX 78968Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 29/52 Report: 31/85

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date

02/19/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Krishnan, Gopal

6 Contributor address; City; State; Zip Code
11026 Deep Brook Dr
Austin, TX 78845

7 Amount of
contribution (\$)

\$200.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

01/28/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Law Office of Charles L Levy

Contributor address; City; State; Zip Code
PO Box 459
Waco, TX 79017

Amount of
contribution (\$)

\$2,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/28/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lawrence, Gary

Contributor address; City; State; Zip Code
5004 95th St.
Lubbock, TX 78831

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/07/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lewis, Tessa & Ron

Contributor address; City; State; Zip Code
919 Congress Avenue, Suite 1030
Austin, TX 78981

Amount of
contribution (\$)

\$177.17

In-kind contribution
description (if applicable)
event expenses

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/07/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lockhart, James

Contributor address; City; State; Zip Code
4518 Spanish Oak Trail
Austin, TX 78863

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 30/52 Report: 32/85

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date

02/19/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Long, Joe

6 Contributor address; City; State; Zip Code
300 West 6th St., #1950
Austin, TX 78886

7 Amount of
contribution (\$)

\$250.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

02/05/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Long, Robert

Contributor address; City; State; Zip Code
6006 Front Royal Dr
Austin, TX 78960

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/05/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Longoria, Jeanette

Contributor address; City; State; Zip Code
6111 Broadway St
San Antonio, TX 78874

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
retired

Employer (See Instructions)

Date

02/08/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lopez, Edward

Contributor address; City; State; Zip Code
PO Box 691262
San Antonio, TX 78821

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/25/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Malouf, John

Contributor address; City; State; Zip Code
3914 85th Pl
Lubbock, TX 78890

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 31/52 Report: 33/85

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)

C0000001

4 Date

02/01/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Malouf, Karen6 Contributor address; City; State; Zip Code
9309 Salisbury Ave
Lubbock, TX 788997 Amount of
contribution (\$)

\$200.00

8 In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

02/13/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Maltz, RandallContributor address; City; State; Zip Code
3304 Mount Bonnell Dr
Austin, TX 78950Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/20/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mannion, Laura FloresContributor address; City; State; Zip Code
4616 Moose Dr.
Austin, TX 78913Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/01/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Marmion, JaneyContributor address; City; State; Zip Code
PO Box 390
Uvalde, TX 78870Amount of
contribution (\$)

\$10,000.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
investmentsEmployer (See Instructions)
self

Date

02/18/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Marmon Mok, LLPContributor address; City; State; Zip Code
700 N St Mary
Suite 1600
San Antonio, TX 79018Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 32/52 Report: 34/85

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date
01/25/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Martin, James

7 Amount of contribution (\$) \$1,000.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
245 Geneseo
San Antonio, TX 78864

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
attorney

10 Employer (See Instructions)
Martin & Drought

Date
02/22/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mauro, Robert

Amount of contribution (\$) \$500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
801 Circle Drive
Winnsboro, TX 75494

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Business Executive

Employer (See Instructions)
RML, Inc.

Date
01/25/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
McAdams, Harry

Amount of contribution (\$) \$1,000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
PO Box 247
Lampasas, TX 78851

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Consultant

Employer (See Instructions)
self

Date
02/05/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
McCarthy, Nancy

Amount of contribution (\$) \$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
13063 Wild Heart
Helotes, TX 78934

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/25/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
McCracken, Brewster

Amount of contribution (\$) \$250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
3616 Far West Blvd
Suite 117-231
Austin, TX 78780

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 33/52 Report: 35/85

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

01/29/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
McCreary, Beverly

6 Contributor address; City; State; Zip Code
PO Box 26512
Austin, TX 78770

7 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

01/28/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
McDougal, Delbert

Contributor address; City; State; Zip Code
7008 Salem Ave
Lubbock, TX 78805

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
CEO

Employer (See Instructions)
McDougal Companies

Date

02/03/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
McKinney, Joe

Contributor address; City; State; Zip Code
6110 Yorkshire Drive
Spring Branch, TX 78887

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/30/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
McKnight, Peyton

Contributor address; City; State; Zip Code
1907 Rue De St Tropez
Austin, TX 78945

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/15/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mears, Brent

Contributor address; City; State; Zip Code
710 Colorado
Austin, TX 78779

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Director

Employer (See Instructions)
Saber Corp.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 34/52 Report: 36/85

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

02/22/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Meller, Sue

6 Contributor address; City; State; Zip Code
1819 Travis Heights Blvd.
Austin, TX 78976

7 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

01/31/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Melton, Janna

Contributor address; City; State; Zip Code
10202 Mystic Oaks Circle
Austin, TX 78871

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/22/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Metcalfe, Sally

Contributor address; City; State; Zip Code
4312 Rio Robles Dr.
Austin, TX 78746

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/26/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Miller, Forrest

Contributor address; City; State; Zip Code
555 Eldon Rd
San Antonio, TX 78825

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
President & CEO

Employer (See Instructions)
AT&T

Date

02/19/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Millsap, Michael

Contributor address; City; State; Zip Code
5604 Great Divide Dr
Bee Cave, TX 78926

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 35/52 Report: 37/85	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/19/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Millsap, Mike 6 Contributor address; City; State; Zip Code 5604 Great Divide Dr Austin, TX 78929	7 Amount of contribution (\$) \$427.38	8 In-kind contribution description (if applicable) event expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Consultant		10 Employer (See Instructions) Millsap Consulting	
Date 01/28/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Montford, Debbie Contributor address; City; State; Zip Code 1 Buckingham Ct San Antonio, TX 78803	Amount of contribution (\$) \$10,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) community volunteer		Employer (See Instructions) community volunteer	
Date 01/28/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Montford, John Contributor address; City; State; Zip Code 1 Buckingham Ct San Antonio, TX 78891	Amount of contribution (\$) \$10,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Senior VP		Employer (See Instructions) AT&T	
Date 02/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Montford, John Contributor address; City; State; Zip Code 1 Buckingham Court San Antonio, TX 78892	Amount of contribution (\$) \$1,080.00	In-kind contribution description (if applicable) Travel, postage, stationary & office supplies, phone / data usage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Senior VP		Employer (See Instructions) AT&T	
Date 01/30/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moross, Jennifer Contributor address; City; State; Zip Code 194 Otter Rock Dr Greenwich, CT 78877	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) none		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 36/52 Report: 38/85

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

01/30/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Morris, Dr JG6 Contributor address; City; State; Zip Code
1500 Broadway
Suite 1101
Lubbock, TX 788177 Amount of
contribution (\$)

\$500.00

8 In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐9 Principal occupation / Job title (See Instructions)
Chairman / CEO10 Employer (See Instructions)
Llano Estecado Winery

Date

02/08/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mullins, CharlesContributor address; City; State; Zip Code
4203 Farhills Dr
Austin, TX 78792Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/13/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Munoz, HenryContributor address; City; State; Zip Code
1017 North Main St
Suite 300
San Antonio, TX 78853Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
CEOEmployer (See Instructions)
Kell Munoz Architects

Date

02/11/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Nabers, LynnContributor address; City; State; Zip Code
6034 W Courtyard Dr
Suite 100-B
Austin, TX 78897Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
General CounselEmployer (See Instructions)
Strategic Partnership

Date

02/07/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Nabers, Mary ScottContributor address; City; State; Zip Code
7850 Escala Drive
Austin, TX 78746Amount of
contribution (\$)

\$177.17

In-kind contribution
description (if applicable)
event expenses(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 37/52 Report: 39/85

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date

02/14/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Nance, David6 Contributor address; City; State; Zip Code
301 Congress Ave
Suite 1850
Austin, TX 788017 Amount of
contribution (\$)

\$500.00

8 In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐9 Principal occupation / Job title (See Instructions)
CEO10 Employer (See Instructions)
Introgen Therapeutics, Inc

Date

01/31/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Nash-Huntley, TraceyContributor address; City; State; Zip Code
220 W Elsmere Pl
San Antonio, TX 78996Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
Public RelationsEmployer (See Instructions)
Saks Fifth Avenue

Date

02/11/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Nease, NelsonContributor address; City; State; Zip Code
4514 Ramsey Ave
Austin, TX 78936Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/18/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Newsom, BeverlyContributor address; City; State; Zip Code
4102 Aqua Verde Dr
Austin, TX 78771Amount of
contribution (\$)

\$1,380.00

In-kind contribution
description (if applicable)
event expenses(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)
community volunteer

Date

02/06/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Niemann, CarolContributor address; City; State; Zip Code
3301 Greenlee Dr.
Austin, TX 78787Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 38/52 Report: 40/85	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/05/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Noble, William 6 Contributor address; City; State; Zip Code 40 N IH 35 #6C3 Austin, TX 79008	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/27/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Noe, Carl Contributor address; City; State; Zip Code 3948 Centenary Dr Dallas, TX 78784	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) Pain Management Center	
Date 01/30/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Novak, Mike Contributor address; City; State; Zip Code 22374 Fossil Ridge San Antonio, TX 78930	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Novak Group LLC	
Date 02/04/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oldham, Michael Contributor address; City; State; Zip Code 10603 Twelve Oaks Houston, TX 78927	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Gibbs & Bruns LLP	
Date 01/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oleson, Kenneth Contributor address; City; State; Zip Code 4 Wladen Elms San Antonio, TX 78904	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 39/52 Report: 41/85	
2 FILER NAME Montford, Melinda (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/04/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Olson, Lyndon		7 Amount of contribution (\$) \$1,000.00		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3812 Greenleaf Dr Waco, TX 78920		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
9 Principal occupation / Job title (See Instructions) Sr. Administrative Advisor			10 Employer (See Instructions) Citigroup		
Date 02/05/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) One Call Concepts PAC		Amount of contribution (\$) \$500.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 163164 Austin, TX 79019		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 02/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Osborne, Tim		Amount of contribution (\$) \$100.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7108 Bedford Ridge Apex, NC 78991		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 02/19/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Parker, BL		Amount of contribution (\$) \$200.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10106 Brantley Bend Austin, TX 78774		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 02/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patten, Buddy		Amount of contribution (\$) \$100.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4201 Churchill Downs Dr. Austin, TX 78746		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 40/52 Report: 42/85

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

02/19/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Paul, Barbara6 Contributor address; City; State; Zip Code
9106 Yucca Mountain Rd
Austin, TX 787687 Amount of
contribution (\$)

\$1,000.00

8 In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐9 Principal occupation / Job title (See Instructions)
retired

10 Employer (See Instructions)

Date

02/18/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Payne, JeanneContributor address; City; State; Zip Code
6507 Raincreek Pkwy
Austin, TX 78875Amount of
contribution (\$)

\$75.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/01/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Pelto, ThomasContributor address; City; State; Zip Code
2705 Kinney Oaks St
Austin, TX 78987Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
Vice PresidentEmployer (See Instructions)
AT&T

Date

02/13/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Peoples, WesleyContributor address; City; State; Zip Code
7511 Fireoak Dr
Austin, TX 79002Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/11/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Perry, SamContributor address; City; State; Zip Code
3231 Tarryhollow Dr
Austin, TX 78967Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 41/52 Report: 43/85	
2 FILER NAME Montford, Melinda (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/07/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peterson, Gary		7 Amount of contribution (\$) \$1,000.00		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5406 Longmont Houston, TX 78832		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
9 Principal occupation / Job title (See Instructions) private equity			10 Employer (See Instructions) ENCAP Investments		
Date 01/29/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phenix, Billy		Amount of contribution (\$) \$500.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 514 Bouldin Ave Austin, TX 78773		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) attorney			Employer (See Instructions) self		
Date 02/13/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phillips, Thomas		Amount of contribution (\$) \$500.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1403 Main St Bastrop, TX 78988		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) attorney			Employer (See Instructions) Baker Botts LLP		
Date 01/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Polan, Kraege		Amount of contribution (\$) \$1,000.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1005 Congress Ave Suite 700 Austin, TX 78909		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) Consultant			Employer (See Instructions) Polan Advocacy Group		
Date 01/30/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Popp Gray & Hutcheson, LLP		Amount of contribution (\$) \$1,000.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1301 S MOPAC Suite 430 Austin, TX 79020		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 42/52 Report: 44/85	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/13/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pringle, Pat 6 Contributor address; City; State; Zip Code 5809 Cannon Mountain Dr Austin, TX 78939	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/30/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rapoport, Benard Contributor address; City; State; Zip Code PO Box 21900 Waco, TX 78769	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Chairman of Board		Employer (See Instructions) American Income Life Insurance	
Date 02/13/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ratliff, Shannon Contributor address; City; State; Zip Code 3700 Hampton Rd Austin, TX 78971	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) The Ratliff Firm	
Date 02/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ratliff, Shannon Contributor address; City; State; Zip Code 3509 Hampton Rd Austin, TX 78970	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) The Ratliff Firm	
Date 02/19/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reed, Jim Contributor address; City; State; Zip Code 7317 Ashton Pl San Antonio, TX 78880	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 43/52 Report: 45/85	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/30/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reyes, Linda 6 Contributor address; City; State; Zip Code 2101 Spotted Owl Circle Pflugerville, TX 78916	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/31/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reyes, Rico Contributor address; City; State; Zip Code 1901 Cistern Cove Pflugerville, TX 78956	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Travis County District Attorney's Office	
Date 01/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reyes, Rudy Contributor address; City; State; Zip Code 1428 Highway 21 West Cedar Creek, TX 78965	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roberts, Faith Contributor address; City; State; Zip Code 3013 Meandering River Ct. Austin, TX 78746	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roberts, Jack Contributor address; City; State; Zip Code 400 W 15th St Suite 320 Austin, TX 78857	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 44/52 Report: 46/85	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/12/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodman, James 6 Contributor address; City; State; Zip Code 3303 Hillview Rd Austin, TX 78865	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Rhea & Rodman	
Date 02/12/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodman, Thomas Contributor address; City; State; Zip Code 620 N Grant Suite 1204 Odessa, TX 79889	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self	
Date 02/19/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodriguez, Cristina Contributor address; City; State; Zip Code 8000 Donore Pl No 13 San Antonio, TX 78798	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Schnitzler Cardiovascular	
Date 02/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodriguez, Keely Contributor address; City; State; Zip Code 275 Calle Jacaranda Brownsville, TX 78902	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ron Lewis & Associates Contributor address; City; State; Zip Code 919 Congress Ave Suite 1030 Austin, TX 79021	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 45/52 Report: 47/85	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/31/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rosacker, JH 6 Contributor address; City; State; Zip Code 6425 Chauncery Pl Fort Worth, TX 78878	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) office staff		10 Employer (See Instructions) Christ Chapel Bible Church	
Date 01/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ross, Lauren Contributor address; City; State; Zip Code 3374 Felton St San Diego, CA 78914	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/02/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rudd, Brenda Contributor address; City; State; Zip Code PO Box 684567 Austin, TX 78777	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rudd, Brenda & Jim Contributor address; City; State; Zip Code PO Box 684567 Austin, TX 78778	Amount of contribution (\$) \$177.17	In-kind contribution description (if applicable) event expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/19/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Salinas, Froy Contributor address; City; State; Zip Code 3604 Harpers Ferry Ln Austin, TX 78829	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 46/52 Report: 48/85

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

02/12/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
San Miguel, Arthur6 Contributor address; City; State; Zip Code
5324 Austral Loop
Austin, TX 787667 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

01/26/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Sawyer, CharlesContributor address; City; State; Zip Code
6800 Airport Blvd
Austin, TX 78793Amount of
contribution (\$)

\$300.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/28/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Schnell, ArdisContributor address; City; State; Zip Code
9802 Mandeville Cir
Austin, TX 78765Amount of
contribution (\$)

\$150.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/25/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Schotz, CharlesContributor address; City; State; Zip Code
6300 Nicklaus Pl
Austin, TX 78794Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/08/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Schwartz, JohnContributor address; City; State; Zip Code
110 Parkwood Court
Austin, TX 78893Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 47/52 Report: 49/85

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date
02/07/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Shipton, Patricia

7 Amount of contribution (\$) \$177.17

8 In-kind contribution description (if applicable)
event expenses

6 Contributor address; City; State; Zip Code
919 Congress Avenue
Austin, TX 78940

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
01/26/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Singley, Michael

Amount of contribution (\$) \$250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
7726 Lakewood Dr.
Austin, TX 78928

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/04/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Smith, Charles

Amount of contribution (\$) \$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
2216 Hamlet Cr
Round Rock, TX 78795

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/04/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Smyrl Group

Amount of contribution (\$) \$200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
PO Box 8033
Horshoe Bay, TX 79022

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/28/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Sowell, James

Amount of contribution (\$) \$1,000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1601 Elm St
Suite 300
Dallas, TX 78866

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Owner

Employer (See Instructions)
Jim Sowell Co.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 48/52 Report: 50/85

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date

02/18/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Stan Schlueter Consulting6 Contributor address; City; State; Zip Code
PO Box 2227
Austin, TX 790237 Amount of
contribution (\$)

\$1,000.00

8 In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

02/12/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Stanford, KristiContributor address; City; State; Zip Code
4906 Tortuga Pl
Austin, TX 78910Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/07/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Stewart, JayContributor address; City; State; Zip Code
8709 Azalea Trail
Austin, TX 78873Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/18/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Stratton, SuzanneContributor address; City; State; Zip Code
4104 Belmont Park Dr
Austin, TX 78979Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/18/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Straus, JocelynContributor address; City; State; Zip Code
555 Argyle Ave
San Antonio, TX 78883Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 49/52 Report: 51/85	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/04/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Strauss, Richard 6 Contributor address; City; State; Zip Code 8401 North Central Expwy Suite 350 Dallas, TX 78954	7 Amount of contribution (\$) \$1,500.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Real Estate Investor		10 Employer (See Instructions) RCS Investments	
Date 02/06/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Taylor, Patricia Contributor address; City; State; Zip Code 2739 Rancho Mirage San Antonio, TX 78941	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) The Graydon Group Contributor address; City; State; Zip Code 1001 Congress Ave., Ste. 400 Austin, TX 79024	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable) office space (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas, M.A. Contributor address; City; State; Zip Code 1400 Stratford Pl. McKinney, TX 75071	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) self		Employer (See Instructions) attorney	
Date 01/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thompson, George Contributor address; City; State; Zip Code PO Box 65150 Lubbock, TX 78839	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Thompson & Kirby	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 50/52 Report: 52/85

2 FILER NAME: Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date

01/30/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Travis County Sherrifs Law Enforcement Association PAC

6 Contributor address; City; State; Zip Code
400 W 14th St
Suite 220
Austin, TX 79025

7 Amount of
contribution (\$)

\$10,000.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

02/13/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Umstead, Diane

Contributor address; City; State; Zip Code
1201 Claire Ave
Austin, TX 78809

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/07/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Villarreal, Vannezza

Contributor address; City; State; Zip Code
9206 Quail Hill Circle
Austin, TX 78999

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/05/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ward, Donald

Contributor address; City; State; Zip Code
1201 Quaker Ridge Dr
Austin, TX 78813

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/28/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ware, Dennert

Contributor address; City; State; Zip Code
317 Limestone Creek
San Antonio, TX 78806

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Director

Employer (See Instructions)
Kinetic Concepts, Inc.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 51/52 Report: 53/85

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

02/20/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Warner, Frederic

6 Contributor address; City; State; Zip Code
2803 Ferndale
Houston, TX 78828

7 Amount of
contribution (\$)

\$250.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

02/05/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Watson, Lynn

Contributor address; City; State; Zip Code
7002 Firewheel Hollow
Austin, TX 78921

Amount of
contribution (\$)

\$2,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Feazell Rosenthal Watson

Date

02/10/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Wayne, Ralph

Contributor address; City; State; Zip Code
3902 Pebble Path
Austin, TX 78948

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/03/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Webster, Dan

Contributor address; City; State; Zip Code
305 Charles Rd
San Antonio, TX 78800

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/31/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Weitz, Timothy

Contributor address; City; State; Zip Code
PO Box 40436
Austin, TX 78992

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 52/52 Report: 54/85

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

02/08/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Wells, Carrie

6 Contributor address; City; State; Zip Code
117 Canterbury Hill
San Antonio, TX 78788

7 Amount of
contribution (\$)

\$500.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
attorney

10 Employer (See Instructions)

Linebarger, Goggan Blair & Sampson, LLP

Date

02/14/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Wender, Marty

Contributor address; City; State; Zip Code
8023 Vantage
KCI Tower, Suite 200
San Antonio, TX 78923

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Real Estate, Investments

Employer (See Instructions)

Wender-Hall, LLC

Date

02/19/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Willeford, George

Contributor address; City; State; Zip Code
3107 Pleasant Run Place
Austin, TX 78840

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/28/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Worley, David

Contributor address; City; State; Zip Code
209 Tower Road
San Antonio, TX 78802

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/18/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Zachry, H.B.

Contributor address; City; State; Zip Code
310 S. St. Mary St., Ste. 2400
San Antonio, TX 78849

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
CEO

Employer (See Instructions)

Zachry Construction

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/31 Report: 55/85**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00000001

4 Date 02/01/2008	5 Payee name Alvarez, Kiara 6 Payee address; City; State; Zip Code 10801 Old Manchaca Rd Apt 316 Austin, TX 78748	7 Amount (\$) \$2,400.00
---------------------------------	---	---

8 Purpose of payment (See instructions regarding type of information required.)
Contract Labor**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 02/15/2008	Payee name Alvarez, Kiara Payee address; City; State; Zip Code 10801 Old Manchaca Rd Apt 316 Austin, TX 78748	Amount (\$) \$400.00
------------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.)
Contract Labor** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 02/14/2008	Payee name American Express Payee address; City; State; Zip Code PO Box 53852 Phoenix, AZ 85072	Amount (\$) \$83.70
------------------------	---	-------------------------------

Purpose of payment (See instructions regarding type of information required.)
credit card fees** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 02/06/2008	Payee name Arriola, Manuel Payee address; City; State; Zip Code 803 W. Annie Austin, TX 78704	Amount (\$) \$950.00
------------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.)
contract labor** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/31 Report: 56/85**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

01/31/2008

5 Payee name
Arriola, Richard**6** Payee address; City; State; Zip Code
P.O. Box 152588
Austin, TX 78715-2588**7** Amount
(\$)

\$2,000.00

8 Purpose of payment (See instructions regarding type of information required.)

Contract Labor

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

02/06/2008

Payee name
AT&TPayee address; City; State; Zip Code
P.O. Box 650661
Austin, TX 75265-0661Amount
(\$)

\$161.18

Purpose of payment (See instructions regarding type of information required.)

Telephone

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

02/19/2008

Payee name
AT&TPayee address; City; State; Zip Code
P.O. Box 650574
Dallas, TX 75265-0574Amount
(\$)

\$80.70

Purpose of payment (See instructions regarding type of information required.)

Telephone

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

02/06/2008

Payee name
Austin Police DepartmentPayee address; City; State; Zip Code
PO Box 689001
Austin, TX 78768Amount
(\$)

\$274.20

Purpose of payment (See instructions regarding type of information required.)

event security

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/31 Report: 57/85**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers) *
C0000001**4** Date

02/19/2008**5** Payee name
Austin Chronicle**7** Amount
(\$)

\$375.00**6** Payee address; City; State; Zip Code
PO Box 49066
Austin, TX 78765**8** Purpose of payment (See instructions regarding type of information required.)
advertising**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name
Brick OvenAmount
(\$)

02/08/2008

Payee address; City; State; Zip Code
1209 Red River
Austin, TX 78701

\$86.60

Purpose of payment (See instructions regarding type of information required.)
Meeting meals** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name
Bristol, GeorgeAmount
(\$)

02/14/2008

Payee address; City; State; Zip Code
8812 Mesa Drive
Austin, TX 78759

\$6,000.00

Purpose of payment (See instructions regarding type of information required.)
consulting** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name
Capitol Terrace, Ltd.Amount
(\$)

02/12/2008

Payee address; City; State; Zip Code
2901 Bee Caves Rd., Ste. G
Austin, TX 78746

\$254.93

Purpose of payment (See instructions regarding type of information required.)
insurance** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/31 Report: 58/85

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)
000000014 Date

02/06/20085 Payee name
Chambless, Paul7 Amount
(\$)

\$500.006 Payee address; City; State; Zip Code
16900 Fagerquist Rd.
Del Valle, TX 786178 Purpose of payment (See instructions regarding type of information required.)
contract labor9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name
Clarion Inn & SuitesAmount
(\$)

01/25/2008

Payee address; City; State; Zip Code
2200 S IH35
Austin, TX 78704

\$206.98

Purpose of payment (See instructions regarding type of information required.)
lodging** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name
Cope, JulieAmount
(\$)

02/15/2008

Payee address; City; State; Zip Code
920 E. 40th St. #304
Austin, TX 78751

\$504.00

Purpose of payment (See instructions regarding type of information required.)
contract labor** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name
Dan'sAmount
(\$)

02/16/2008

Payee address; City; State; Zip Code
1600 Lavaca
Austin, TX 78701

\$62.20

Purpose of payment (See instructions regarding type of information required.)
event expenses** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 5/31 Report: 59/85**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00000001

4 Date 01/31/2008	5 Payee name Discount Electronics 6 Payee address; City; State; Zip Code 1011 W. Anderson Lane Austin, TX 78757	7 Amount (\$) \$41.14
---------------------------------	---	-------------------------------------

8 Purpose of payment (See instructions regarding type of information required.)
office equipment**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 02/10/2008	Payee name Discount Electronics Payee address; City; State; Zip Code 1011 W. Anderson Lane Austin, TX 78757	Amount (\$) \$35.72
------------------------	---	----------------------------

Purpose of payment (See instructions regarding type of information required.)
office equipment** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 02/11/2008	Payee name Discount Electronics Payee address; City; State; Zip Code 1011 W. Anderson Lane Austin, TX 78757	Amount (\$) \$48.71
------------------------	---	----------------------------

Purpose of payment (See instructions regarding type of information required.)
office equipment** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 02/05/2008	Payee name Gillis & Krebs Payee address; City; State; Zip Code 915 Redbud Trail Austin, TX 78746	Amount (\$) \$3,890.36
------------------------	--	-------------------------------

Purpose of payment (See instructions regarding type of information required.)
graphic and web design** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 6/31 Report: 60/85

2 FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

02/22/2008

5 Payee name
Gillis & Krebs**6** Payee address; City; State; Zip Code
915 Redbud Trail
Austin, TX 78746**7** Amount
(\$)

\$4,790.00

8 Purpose of payment (See instructions regarding type of information required.)
graphic and web design(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

01/25/2008

Payee name
Habana RestaurantPayee address; City; State; Zip Code
709 East 6th St.
Austin, TX 78701Amount
(\$)

\$33.73

Purpose of payment (See instructions regarding type of information required.)
meeting meals(If travel outside of Texas, complete Schedule T) ☐**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:Office sought:
Office held:

Date

02/06/2008

Payee name
Habana RestaurantPayee address; City; State; Zip Code
709 East 6th St.
Austin, TX 78701Amount
(\$)

\$33.75

Purpose of payment (See instructions regarding type of information required.)
meeting meals(If travel outside of Texas, complete Schedule T) ☐**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:Office sought:
Office held:

Date

02/05/2008

Payee name
Hensley & Associates, L.C.Payee address; City; State; Zip Code
P.O. Box 700783
Austin, TX 78270Amount
(\$)

\$5,698.44

Purpose of payment (See instructions regarding type of information required.)
Consulting/Mileage(If travel outside of Texas, complete Schedule T) ☐**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 7/31 Report: 61/85**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

02/14/2008

5 Payee name

Hensley & Associates, L.C.

7 Amount
(\$)

\$2,850.00

6 Payee address; City; State; Zip CodeP.O. Box 700783
Austin, TX 78270**8** Purpose of payment (See instructions regarding type of information required.)
data processing**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

02/21/2008

Payee name

Hensley & Associates, L.C.

Amount
(\$)

\$10,914.11

Payee address; City; State; Zip Code

P.O. Box 700783
Austin, TX 78270

Purpose of payment (See instructions regarding type of information required.)

Consulting/Mileage

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

02/22/2008

Payee name

Hensley & Associates, L.C.

Amount
(\$)

\$3,800.00

Payee address; City; State; Zip Code

P.O. Box 700783
Austin, TX 78270

Purpose of payment (See instructions regarding type of information required.)

data processing

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

02/15/2008

Payee name

Hoing, Lisa

Amount
(\$)

\$357.00

Payee address; City; State; Zip Code

1800 Plateau Vista Blvd., #17201
Round Rock, TX 78664

Purpose of payment (See instructions regarding type of information required.)

contract labor

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 8/31 Report: 62/85**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

01/26/2008

5 Payee name

Holiday Inn

7 Amount
(\$)

\$60.15

6 Payee address; City; State; Zip Code20 NIH35
Austin, TX 78701**8** Purpose of payment (See instructions regarding type of information required.)

meeting meals

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

02/15/2008

Payee name

Holmes, David

Amount
(\$)

\$1,250.00

Payee address; City; State; Zip Code

1781 Spyglass Drive #196
Austin, TX 78746

Purpose of payment (See instructions regarding type of information required.)

consulting

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

01/25/2008

Payee name

Home Depot

Amount
(\$)

\$1,998.84

Payee address; City; State; Zip Code

3600 Interstate Hwy 35 South
Austin, TX 78704

Purpose of payment (See instructions regarding type of information required.)

Supplies

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

01/27/2008

Payee name

Home Depot

Amount
(\$)

\$36.58

Payee address; City; State; Zip Code

3600 Interstate Hwy 35 South
Austin, TX 78704

Purpose of payment (See instructions regarding type of information required.)

Supplies

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 9/31 Report: 63/85**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

01/27/2008**5** Payee name
Home Depot

6 Payee address; City; State; Zip Code
3600 Interstate Hwy 35 South
Austin, TX 78704**7** Amount
(\$)

\$38.61**8** Purpose of payment (See instructions regarding type of information required.)
Supplies**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:Date

02/07/2008Payee name
Home Depot

Payee address; City; State; Zip Code
3600 Interstate Hwy 35 South
Austin, TX 78704Amount
(\$)

\$34.15Purpose of payment (See instructions regarding type of information required.)
Supplies** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:Date

02/09/2008Payee name
Home Depot

Payee address; City; State; Zip Code
3600 Interstate Hwy 35 South
Austin, TX 78704Amount
(\$)

\$275.99Purpose of payment (See instructions regarding type of information required.)
Supplies** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:Date

02/13/2008Payee name
Home Depot

Payee address; City; State; Zip Code
3600 Interstate Hwy 35 South
Austin, TX 78704Amount
(\$)

\$26.47Purpose of payment (See instructions regarding type of information required.)
Supplies** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 10/31 Report: 64/85

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date 02/13/2008	5 Payee name Home Depot 6 Payee address; City; State; Zip Code 3600 Interstate Hwy 35 South Austin, TX 78704	7 Amount (\$) \$27.91
--------------------------	--	---------------------------------

8 Purpose of payment (See instructions regarding type of information required.)
Supplies9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 01/31/2008	Payee name House Park BBQ Payee address; City; State; Zip Code 900 W. 12th St. Austin, TX 78703	Amount (\$) \$148.17
------------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.)
Meeting meals** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 02/01/2008	Payee name Intrepid Campaigns Payee address; City; State; Zip Code 1781 Spyglass Drive #196 Austin, TX 78746	Amount (\$) \$2,000.00
------------------------	--	----------------------------------

Purpose of payment (See instructions regarding type of information required.)
consulting** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 02/07/2008	Payee name Jimmy John's Payee address; City; State; Zip Code 515 Congress Ave. Austin, TX 78701	Amount (\$) \$73.28
------------------------	---	-------------------------------

Purpose of payment (See instructions regarding type of information required.)
meeting meals** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 11/31 Report: 65/85**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00000001

4 Date 02/01/2008	5 Payee name Kaden, Ashley 6 Payee address; City; State; Zip Code 2329 Westrock Drive Austin, TX 78704	7 Amount (\$) \$465.00
---------------------------------	--	--------------------------------------

8 Purpose of payment (See instructions regarding type of information required.) Contract Labor (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	---

Date 02/08/2008	Payee name Kaden, Ashley Payee address; City; State; Zip Code 2329 Westrock Drive Austin, TX 78704	Amount (\$) \$200.00
------------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.) Contract Labor (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

Date 02/19/2008	Payee name Kelly Graphics Payee address; City; State; Zip Code 1322 Lost Creek Blvd. Austin, TX 78746	Amount (\$) \$2,128.60
------------------------	---	-------------------------------

Purpose of payment (See instructions regarding type of information required.) Printing (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

Date 02/22/2008	Payee name Kelly Graphics Payee address; City; State; Zip Code 1322 Lost Creek Blvd. Austin, TX 78746	Amount (\$) \$1,110.20
------------------------	---	-------------------------------

Purpose of payment (See instructions regarding type of information required.) Printing (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 12/31 Report: 66/85**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00000001

4 Date 01/25/2008	5 Payee name Kinko's 6 Payee address; City; State; Zip Code 3300 Bee Caves Rd Suite 715 Austin, TX 78746	7 Amount (\$) \$4.83
---------------------------------	---	---------------------------------------

8 Purpose of payment (See instructions regarding type of information required.) Copies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	---

Date 01/25/2008	Payee name Kinko's Payee address; City; State; Zip Code 3300 Bee Caves Rd Suite 715 Austin, TX 78746	Amount (\$) \$86.90
------------------------	---	-------------------------------

Purpose of payment (See instructions regarding type of information required.) Copies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

Date 01/25/2008	Payee name Kinko's Payee address; City; State; Zip Code 3300 Bee Caves Rd Suite 715 Austin, TX 78746	Amount (\$) \$79.47
------------------------	---	-------------------------------

Purpose of payment (See instructions regarding type of information required.) Copies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

Date 01/25/2008	Payee name Kinko's Payee address; City; State; Zip Code 3300 Bee Caves Rd Suite 715 Austin, TX 78746	Amount (\$) \$2.90
------------------------	---	------------------------------

Purpose of payment (See instructions regarding type of information required.) Copies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 13/31 Report: 67/85**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date**5** Payee name
Kinko's**7** Amount
(\$)

02/10/2008

6 Payee address; City; State; Zip Code
3300 Bee Caves Rd.
Suite 715
Austin, TX 78746

\$67.16

8 Purpose of payment (See instructions regarding type of information required.)

Copies

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

Payee name
Lavaca Street DeliAmount
(\$)

02/22/2008

Payee address; City; State; Zip Code
1403 Lavaca
Austin, TX 78701

\$80.55

Purpose of payment (See instructions regarding type of information required.)

meeting meals

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

Payee name
Mastercard/Visa ServicesAmount
(\$)

01/25/2008

Payee address; City; State; Zip Code
P.O. Box 194607
San Francisco, CA 94119

\$5.98

Purpose of payment (See instructions regarding type of information required.)

Credit Card Fees

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

Payee name
Mastercard/Visa ServicesAmount
(\$)

01/25/2008

Payee address; City; State; Zip Code
P.O. Box 194607
San Francisco, CA 94119

\$9.00

Purpose of payment (See instructions regarding type of information required.)

Credit Card Fees

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 14/31 Report: 68/85**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00000001

4 Date 01/28/2008	5 Payee name Mastercard/Visa Services 6 Payee address; City; State; Zip Code P.O. Box 194607 San Francisco, CA 94119	7 Amount (\$) \$0.15
---------------------------------	--	---------------------------------------

8 Purpose of payment (See instructions regarding type of information required.) Credit Card Fees (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	---

Date 01/29/2008	Payee name Mastercard/Visa Services Payee address; City; State; Zip Code P.O. Box 194607 San Francisco, CA 94119	Amount (\$) \$52.16
------------------------	--	-------------------------------

Purpose of payment (See instructions regarding type of information required.) Credit Card Fees (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

Date 01/29/2008	Payee name Mastercard/Visa Services Payee address; City; State; Zip Code P.O. Box 194607 San Francisco, CA 94119	Amount (\$) \$6.42
------------------------	--	------------------------------

Purpose of payment (See instructions regarding type of information required.) Credit Card Fees (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

Date 02/01/2008	Payee name Mastercard/Visa Services Payee address; City; State; Zip Code P.O. Box 194607 San Francisco, CA 94119	Amount (\$) \$9.91
------------------------	--	------------------------------

Purpose of payment (See instructions regarding type of information required.) Credit Card Fees (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 15/31 Report: 69/85**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00000001

4 Date 02/04/2008	5 Payee name Mastercard/Visa Services 6 Payee address; City; State; Zip Code P.O. Box 194607 San Francisco, CA 94119	7 Amount (\$) \$51.98
---------------------------------	--	--

8 Purpose of payment (See instructions regarding type of information required.)
Credit Card Fees**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 02/04/2008	Payee name Mastercard/Visa Services Payee address; City; State; Zip Code P.O. Box 194607 San Francisco, CA 94119	Amount (\$) \$3.88
------------------------	--	------------------------------

Purpose of payment (See instructions regarding type of information required.)
Credit Card Fees** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 02/05/2008	Payee name Mastercard/Visa Services Payee address; City; State; Zip Code P.O. Box 194607 San Francisco, CA 94119	Amount (\$) \$4.83
------------------------	--	------------------------------

Purpose of payment (See instructions regarding type of information required.)
Credit Card Fees** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 02/05/2008	Payee name Mastercard/Visa Services Payee address; City; State; Zip Code P.O. Box 194607 San Francisco, CA 94119	Amount (\$) \$5.98
------------------------	--	------------------------------

Purpose of payment (See instructions regarding type of information required.)
Credit Card Fees** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 16/31 Report: 70/85**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

02/07/2008

5 Payee name
Mastercard/Visa Services**7** Amount
(\$)

\$0.30

6 Payee address; City; State; Zip Code
P.O. Box 194607
San Francisco, CA 94119**8** Purpose of payment (See instructions regarding type of information required.)

Credit Card Fees

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

02/08/2008

Payee name
Mastercard/Visa ServicesAmount
(\$)

\$54.11

Payee address; City; State; Zip Code
P.O. Box 194607
San Francisco, CA 94119

Purpose of payment (See instructions regarding type of information required.)

Credit Card Fees

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

02/08/2008

Payee name
Mastercard/Visa ServicesAmount
(\$)

\$12.48

Payee address; City; State; Zip Code
P.O. Box 194607
San Francisco, CA 94119

Purpose of payment (See instructions regarding type of information required.)

Credit Card Fees

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

02/11/2008

Payee name
Mastercard/Visa ServicesAmount
(\$)

\$14.39

Payee address; City; State; Zip Code
P.O. Box 194607
San Francisco, CA 94119

Purpose of payment (See instructions regarding type of information required.)

Credit Card Fees

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 17/31 Report: 71/85**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00000001

4 Date 02/12/2008	5 Payee name Mastercard/Visa Services 6 Payee address; City; State; Zip Code P.O. Box 194607 San Francisco, CA 94119	7 Amount (\$) \$0.25
---------------------------------	--	------------------------------------

8 Purpose of payment (See instructions regarding type of information required.)
Credit Card Fees**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 02/12/2008	Payee name Mastercard/Visa Services Payee address; City; State; Zip Code P.O. Box 194607 San Francisco, CA 94119	Amount (\$) \$1.25
------------------------	--	---------------------------

Purpose of payment (See instructions regarding type of information required.)
Credit Card Fees** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 02/14/2008	Payee name Mastercard/Visa Services Payee address; City; State; Zip Code P.O. Box 194607 San Francisco, CA 94119	Amount (\$) \$16.87
------------------------	--	----------------------------

Purpose of payment (See instructions regarding type of information required.)
Credit Card Fees** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 02/15/2008	Payee name Mastercard/Visa Services Payee address; City; State; Zip Code P.O. Box 194607 San Francisco, CA 94119	Amount (\$) \$0.82
------------------------	--	---------------------------

Purpose of payment (See instructions regarding type of information required.)
Credit Card Fees** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 18/31 Report: 72/85

2 FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

02/19/2008

5 Payee name
Mastercard/Visa Services**6** Payee address; City; State; Zip Code
P.O. Box 194607
San Francisco, CA 94119**7** Amount
(\$)

\$0.25

8 Purpose of payment (See instructions regarding type of information required.)

Credit Card Fees

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

02/11/2008

Payee name
Melissa DataPayee address; City; State; Zip Code
22382 Avenida Empresa
Rancho Santa Margarita, CA 92688Amount
(\$)

\$956.08

Purpose of payment (See instructions regarding type of information required.)

Data services

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

02/06/2008

Payee name
Mendoza, MariaPayee address; City; State; Zip Code
8805 North Plaza #1346
Austin, TX 78753Amount
(\$)

\$600.00

Purpose of payment (See instructions regarding type of information required.)

contract labor

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

01/25/2008

Payee name
Mother EgansPayee address; City; State; Zip Code
715 W 6th St
Austin, TX 78701Amount
(\$)

\$24.00

Purpose of payment (See instructions regarding type of information required.)

Meeting Meal

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 19/31 Report: 73/85**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

01/28/2008

5 Payee name
Mother Egans**6** Payee address; City; State; Zip Code
715 W 6th St
Austin, TX 78701**7** Amount
(\$)

\$32.11

8 Purpose of payment (See instructions regarding type of information required.)
Meeting Meal(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

02/08/2008

Payee name
Nerio, DavidPayee address; City; State; Zip Code
6603 N I-35, #156
Austin, TX 78752Amount
(\$)

\$500.00

Purpose of payment (See instructions regarding type of information required.)
contract labor(If travel outside of Texas, complete Schedule T) ☐**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:Office sought:
Office held:

Date

02/21/2008

Payee name
Nerio, DavidPayee address; City; State; Zip Code
6603 N I-35, #156
Austin, TX 78752Amount
(\$)

\$1,000.00

Purpose of payment (See instructions regarding type of information required.)
contract labor(If travel outside of Texas, complete Schedule T) ☐**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:Office sought:
Office held:

Date

01/28/2008

Payee name
Office MaxPayee address; City; State; Zip Code
907 West Fifth Street
Austin, TX 78703Amount
(\$)

\$7.98

Purpose of payment (See instructions regarding type of information required.)
Supplies(If travel outside of Texas, complete Schedule T) ☐**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 20/31 Report: 74/85**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00000001

4 Date 02/05/2008	5 Payee name Office Max 6 Payee address; City; State; Zip Code 907 West Fifth Street Austin, TX 78703	7 Amount (\$) \$54.11
---------------------------------	---	--

8 Purpose of payment (See instructions regarding type of information required.)
Supplies**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 02/10/2008	Payee name Office Max Payee address; City; State; Zip Code 907 West Fifth Street Austin, TX 78703	Amount (\$) \$76.84
------------------------	---	-------------------------------

Purpose of payment (See instructions regarding type of information required.)
Supplies** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 02/07/2008	Payee name O-K Paper Payee address; City; State; Zip Code 304 E. Cesar Chavez Austin, TX	Amount (\$) \$123.52
------------------------	--	--------------------------------

Purpose of payment (See instructions regarding type of information required.)
Supplies** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 01/25/2008	Payee name Opal Devines Payee address; City; State; Zip Code 700 West 6th St. Austin, TX 78701	Amount (\$) \$60.00
------------------------	--	-------------------------------

Purpose of payment (See instructions regarding type of information required.)
Meeting meals** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 21/31 Report: 75/85**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

01/25/2008

5 Payee name

Prolink

7 Amount
(\$)

\$10,000.00

6 Payee address; City; State; Zip Code4312 Lakeway Blvd
Austin, TX 78734**8** Purpose of payment (See instructions regarding type of information required.)

media advertising

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

01/29/2008

Payee name

Prolink

Amount
(\$)

\$13,361.00

Payee address; City; State; Zip Code

4312 Lakeway Blvd
Austin, TX 78734

Purpose of payment (See instructions regarding type of information required.)

media advertising

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

01/30/2008

Payee name

Prolink

Amount
(\$)

\$2,813.50

Payee address; City; State; Zip Code

4312 Lakeway Blvd
Austin, TX 78734

Purpose of payment (See instructions regarding type of information required.)

media advertising

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

02/01/2008

Payee name

Prolink

Amount
(\$)

\$5,000.00

Payee address; City; State; Zip Code

4312 Lakeway Blvd
Austin, TX 78734

Purpose of payment (See instructions regarding type of information required.)

consulting

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 22/31 Report: 76/85

2 FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)

00000001

4 Date

02/05/2008

5 Payee name

Prolink

7 Amount
(\$)

\$33,565.66

6 Payee address; City; State; Zip Code4312 Lakeway Blvd
Austin, TX 78734**8** Purpose of payment (See instructions regarding type of information required.)

media advertising

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

02/13/2008

Payee name

Prolink

Amount
(\$)

\$5,652.50

Payee address; City; State; Zip Code

4312 Lakeway Blvd
Austin, TX 78734

Purpose of payment (See instructions regarding type of information required.)

media advertising

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

02/13/2008

Payee name

Prolink

Amount
(\$)

\$4,000.00

Payee address; City; State; Zip Code

4312 Lakeway Blvd
Austin, TX 78734

Purpose of payment (See instructions regarding type of information required.)

media advertising

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

02/16/2008

Payee name

Prolink

Amount
(\$)

\$1,500.00

Payee address; City; State; Zip Code

4312 Lakeway Blvd
Austin, TX 78734

Purpose of payment (See instructions regarding type of information required.)

media advertising

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 23/31 Report: 77/85**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00000001

4 Date 02/16/2008	5 Payee name Prolink 6 Payee address; City; State; Zip Code 4312 Lakeway Blvd Austin, TX 78734	7 Amount (\$) \$3,000.00
---------------------------------	--	---

8 Purpose of payment (See instructions regarding type of information required.)
media advertising**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 02/19/2008	Payee name Prolink Payee address; City; State; Zip Code 4312 Lakeway Blvd Austin, TX 78734	Amount (\$) \$32,602.84
------------------------	--	-----------------------------------

Purpose of payment (See instructions regarding type of information required.)
media advertising** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 02/21/2008	Payee name Prolink Payee address; City; State; Zip Code 4312 Lakeway Blvd Austin, TX 78734	Amount (\$) \$9,806.00
------------------------	--	----------------------------------

Purpose of payment (See instructions regarding type of information required.)
media advertising** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 02/06/2008	Payee name Publik Pictures Payee address; City; State; Zip Code 501 N IH 35 Austin, TX 78702	Amount (\$) \$5,860.00
------------------------	--	----------------------------------

Purpose of payment (See instructions regarding type of information required.)
Television Production** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 24/31 Report: 78/85

2 FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)

00000001

4 Date

02/22/2008

5 Payee name
Publik Pictures**6** Payee address; City; State; Zip Code501 N IH 35
Austin, TX 78702**7** Amount
(\$)

\$6,250.00

8 Purpose of payment (See instructions regarding type of information required.)

Television Production

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

01/25/2008

Payee name
Quizno's

Payee address; City; State; Zip Code

922 Congress Avenue
Austin, TX 78701Amount
(\$)

\$70.94

Purpose of payment (See instructions regarding type of information required.)

Meeting Meals

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

02/05/2008

Payee name
Ridways

Payee address; City; State; Zip Code

615 S. Lamar
Austin, TX 78704Amount
(\$)

\$71.96

Purpose of payment (See instructions regarding type of information required.)

printing

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

02/07/2008

Payee name
Ridways

Payee address; City; State; Zip Code

615 S. Lamar
Austin, TX 78704Amount
(\$)

\$70.79

Purpose of payment (See instructions regarding type of information required.)

printing

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 25/31 Report: 79/85**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00000001

4 Date 02/15/2008	5 Payee name Schlotzky's 6 Payee address; City; State; Zip Code 218 S. Lamar Austin, TX 78704	7 Amount (\$) \$73.58
---------------------------------	---	--

8 Purpose of payment (See instructions regarding type of information required.) meeting meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	---

Date 02/07/2008	Payee name Scholtz Garden Payee address; City; State; Zip Code 1607 San Jacinto Blvd Austin, TX 78701	Amount (\$) \$78.10
------------------------	---	-------------------------------

Purpose of payment (See instructions regarding type of information required.) Meeting Meal (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

Date 01/28/2008	Payee name Smart Mail Payee address; City; State; Zip Code 2011 Anchor Lane Austin, TX 78723	Amount (\$) \$385.00
------------------------	--	--------------------------------

Purpose of payment (See instructions regarding type of information required.) mailing services (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

Date 02/06/2008	Payee name Smart Mail Payee address; City; State; Zip Code 2011 Anchor Lane Austin, TX 78723	Amount (\$) \$222.40
------------------------	--	--------------------------------

Purpose of payment (See instructions regarding type of information required.) mailing services (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 26/31 Report: 80/85

2 FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

02/05/2008

5 Payee name
Sterling of Austin**6** Payee address; City; State; Zip Code
P.O. Box 153125
Austin, TX 78715-3125**7** Amount
(\$)

\$9.35

8 Purpose of payment (See instructions regarding type of information required.)

Internet Services

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

02/06/2008

Payee name
Sterling of AustinPayee address; City; State; Zip Code
P.O. Box 153125
Austin, TX 78715-3125Amount
(\$)

\$79.00

Purpose of payment (See instructions regarding type of information required.)

Internet Services

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

02/05/2008

Payee name
Studio 6Payee address; City; State; Zip Code
937 Camino La Costa
Austin, TX 78752Amount
(\$)

\$291.32

Purpose of payment (See instructions regarding type of information required.)

lodging

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

02/12/2008

Payee name
Studio 6Payee address; City; State; Zip Code
937 Camino La Costa
Austin, TX 78752Amount
(\$)

\$286.37

Purpose of payment (See instructions regarding type of information required.)

lodging

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 27/31 Report: 81/85

2 FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

02/16/2008

5 Payee name
Studio 6**6** Payee address; City; State; Zip Code
937 Camino La Costa
Austin, TX 78752**7** Amount
(\$)

\$572.74

8 Purpose of payment (See instructions regarding type of information required.)

lodging

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

02/01/2008

Payee name
Sullivan, ChrisPayee address; City; State; Zip Code
6807 Daughtery
Austin, TX 78757Amount
(\$)

\$750.00

Purpose of payment (See instructions regarding type of information required.)

Contract Labor

(If travel outside of Texas, complete Schedule T) ☐**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:Office sought:
Office held:

Date

01/29/2008

Payee name
Sullivan'sPayee address; City; State; Zip Code
300 Colorado
Austin, TX 78701Amount
(\$)

\$371.93

Purpose of payment (See instructions regarding type of information required.)

event expenses

(If travel outside of Texas, complete Schedule T) ☐**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:Office sought:
Office held:

Date

02/01/2008

Payee name
Susan Harry ConsultingPayee address; City; State; Zip Code
2520 Longview Drive
Austin, TX 78705Amount
(\$)

\$3,069.17

Purpose of payment (See instructions regarding type of information required.)

Consulting & printing services

(If travel outside of Texas, complete Schedule T) ☐**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 28/31 Report: 82/85

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date 02/11/2008	5 Payee name Target	7 Amount (\$) \$162.21
6 Payee address; City; State; Zip Code 2288 Southpark Meadows Austin, TX 78745		

8 Purpose of payment (See instructions regarding type of information required.)
office supplies9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 02/11/2008	Payee name Tops	Amount (\$) \$779.40
Payee address; City; State; Zip Code 1100 East 5th St. Austin, TX 78702		

Purpose of payment (See instructions regarding type of information required.)
furniture for headquarters** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 02/12/2008	Payee name Tops	Amount (\$) \$92.02
Payee address; City; State; Zip Code 1100 East 5th St. Austin, TX 78702		

Purpose of payment (See instructions regarding type of information required.)
furniture for headquarters** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 02/13/2008	Payee name Tops	Amount (\$) \$37.67
Payee address; City; State; Zip Code 1100 East 5th St. Austin, TX 78702		

Purpose of payment (See instructions regarding type of information required.)
furniture for headquarters** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 29/31 Report: 83/85**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00000001

4 Date 02/13/2008	5 Payee name Tops 6 Payee address; City; State; Zip Code 1100 East 5th St. Austin, TX 78702	7 Amount (\$) \$9.74
---------------------------------	---	---------------------------------------

8 Purpose of payment (See instructions regarding type of information required.)
furniture for headquarters**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 02/04/2008	Payee name U.S. Post Office Payee address; City; State; Zip Code Central Park West Austin, TX 78703	Amount (\$) \$1.31
------------------------	---	------------------------------

Purpose of payment (See instructions regarding type of information required.)
Postage** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 02/06/2008	Payee name U.S. Post Office Payee address; City; State; Zip Code Central Park West Austin, TX 78703	Amount (\$) \$16.40
------------------------	---	-------------------------------

Purpose of payment (See instructions regarding type of information required.)
Postage** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 02/08/2008	Payee name U.S. Post Office Payee address; City; State; Zip Code Central Park West Austin, TX 78703	Amount (\$) \$205.00
------------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.)
Postage** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 30/31 Report: 84/85

2 FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

02/13/2008

5 Payee name

U.S. Post Office

7 Amount
(\$)

\$574.00

6 Payee address; City; State; Zip CodeCentral Park West
Austin, TX 78703**8** Purpose of payment (See instructions regarding type of information required.)

Postage

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

02/21/2008

Payee name

U.S. Post Office

Amount
(\$)

\$455.00

Payee address; City; State; Zip Code

Central Park West
Austin, TX 78703

Purpose of payment (See instructions regarding type of information required.)

Postage

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

02/16/2008

Payee name

Urban League

Amount
(\$)

\$300.00

Payee address; City; State; Zip Code

1033 La Posada Dr # 150
Austin, TX 78752

Purpose of payment (See instructions regarding type of information required.)

event tickets

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

02/06/2008

Payee name

Worley Printing

Amount
(\$)

\$1,213.48

Payee address; City; State; Zip Code

3217 North Interstate 35
Austin, TX 78722

Purpose of payment (See instructions regarding type of information required.)

Printing

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 31/31 Report: 85/85

2 FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)

00000001

4 Date

02/12/2008

5 Payee name

Worley Printing

7Amount
(\$)

\$2,904.89

6 Payee address; City; State; Zip Code3217 North Interstate 35
Austin, TX 78722**8** Purpose of payment (See instructions regarding type of information required.)

Printing

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

01/25/2008

Payee name

Www.godaddy.com

Amount
(\$)

\$17.18

Payee address; City; State; Zip Code

14455 N. Hayden Rd., Ste. 219
Scottsdale, AZ 85260

Purpose of payment (See instructions regarding type of information required.)

domain registration

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

02/06/2008

Payee name

Www.godaddy.com

Amount
(\$)

\$29.99

Payee address; City; State; Zip Code

14455 N. Hayden Rd., Ste. 219
Scottsdale, AZ 85260

Purpose of payment (See instructions regarding type of information required.)

domain registration

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

02/06/2008

Payee name

Www.godaddy.com

Amount
(\$)

\$57.55

Payee address; City; State; Zip Code

14455 N. Hayden Rd., Ste. 219
Scottsdale, AZ 85260

Purpose of payment (See instructions regarding type of information required.)

website

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐